

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

RECEIVED

MAR 30 2004

ANNUAL REPORT MAILING LABEL - MAKE CHANGES NECESSARY
ARIZONA CORPORATION COMMISSION
DIRECTOR OF UTILITIES

W-01825A
Lagoon Estates Water Company Inc
5001 East Washington Street, Ste. 104
Phoenix AZ 85034

2600 N. WILLOW #203
Phoenix AZ 85008

ANNUAL REPORT

FOR YEAR ENDING

12	31	2003
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FOR COMMISSION USE

Ann04	03
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COMPANY INFORMATION

Company Name (Business Name) <u>LAGOON ESTATES WATER CO</u>		
Mailing Address <u>2600 N. 44th St #203</u>		
<u>Phoenix</u> (City)	<u>AZ</u> (State)	<u>85008</u> (Zip)
<u>602 275 5402</u> Telephone No. (Include Area Code)	<u>602 275 8742</u> Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)
Email Address <u>sherrillfarmsi@msn.com</u>		
Local Office Mailing Address _____		
_____ (City)	_____ (State)	_____ (Zip)
 Local Office Telephone No. (Include Area Code)	 Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)
Email Address _____		

MANAGEMENT INFORMATION

Management Contact: <u>Stanley Miller</u> <u>Controller</u>			
<u>As Above</u> (Street)		<u> </u> (City)	<u> </u> (State)
<u> </u> (Zip)			
 Telephone No. (Include Area Code)	 Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)	
Email Address _____			
On Site Manager: <u>Charles B Sherrill Jr</u>			
<u>1/2 mile west Hwy 95</u> (Street)		<u>Mohave Valley</u> (City)	<u>AZ 86440</u> (State)
<u>928 330 3100</u> Telephone No. (Include Area Code)	<u>928 330 3100</u> Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)	
Email Address _____			

☒ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: <u>Charles B. Sherrill</u>			
(Name)			
<u>21000 N. 44th St #203</u>	<u>Phoenix</u>	<u>Az</u>	<u>85008</u>
(Street)	(City)	(State)	(Zip)
<u>602 275 5402</u>	<u>602 275 8742</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	
Attorney: <u>Gerald Sherrill</u>			
(Name)			
<u>21000 N. 44th St #203</u>	<u>Phoenix</u>	<u>Az</u>	<u>85008</u>
(Street)	(City)	(State)	(Zip)
<u>602 275 5402</u>	<u>602 275 8742</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	

☒ Please mark this box if the above address(es) have changed or are updated since the last filing.

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input checked="" type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input checked="" type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME Lagoon Estates Water

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	28262	28262	28262
304	Structures and Improvements	35264	21443	13821
307	Wells and Springs	76079	35631	40448
311	Pumping Equipment	62110	46822	15288
320	Water Treatment Equipment	15467	4913	10554
330	Distribution Reservoirs and Standpipes	47124	45933	1191
331	Transmission and Distribution Mains	171389	133164	38225
333	Services			
334	Meters and Meter Installations	33399	21305	12094
335	Hydrants	448	448	448
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	8724	6587	2137
341	Transportation Equipment	7429	1200	6229
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	485695	317446	168249

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME Lagoon Estate Water Co

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights	28262	Ø	
304	Structures and Improvements	35264	3.23	1139
307	Wells and Springs	76079	3.23	2457
311	Pumping Equipment	62110	3.23	2006
320	Water Treatment Equipment	15467	3.23	500
330	Distribution Reservoirs and Standpipes	47124	3.23	1522
331	Transmission and Distribution Mains	171389	3.23	5536
333	Services			
334	Meters and Meter Installations			
335	Hydrants	33399	3.23	1079
336	Backflow Prevention Devices	448	Ø	
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	8724	3.23	282
341	Transportation Equipment	7429	3.23	240
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	48569		14761

This amount goes on the Comparative Statement of Income and Expense
Acct. No. 403.

COMPANY NAME

Lagoon Estates Water Co

BALANCE SHEET

Acct .No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 5140	\$ 5192
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 5140	\$ 5192
	FIXED ASSETS		
101	Utility Plant in Service	\$ 485696	\$ 485696
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	302686	317446
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 183009	\$ 1168250
	TOTAL ASSETS	\$ 188149	\$ 1734442

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME	Lagoon Estates Waters Company
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BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITES		
231	Accounts Payable	\$ 520	\$ 430
232	Notes Payable (Current Portion)	3351	12231
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	19024	23080
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 23095	\$ 35781
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ 28000	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$ 31095	\$ 35781
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 75214	\$ 75214
211	Paid in Capital in Excess of Par Value	101471	101471
215	Retained Earnings	6396317	63910247
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$ 188149	\$ 173442

COMPANY NAME Lagoon Estates Water Co**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 97,847	\$ 96,142
460	Unmetered Water Revenue	1,190	770
474	Other Water Revenues	8827	7074
	TOTAL REVENUES	\$ 107,864	\$ 103,986
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 32,815	\$ 35,082
610	Purchased Water		
615	Purchased Power	6,516	7,916
618	Chemicals	2,360	518
620	Repairs and Maintenance	7,730	6,496
621	Office Supplies and Expense	3,660	2,450
630	Outside Services	1,800	848
635	Water Testing	1,888	1,870
641	Rents		158
650	Transportation Expenses	3,091	2,440
657	Insurance - General Liability	1,184	6918
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense	11,892	10,275
403	Depreciation Expense	14,761	14,761
408	Taxes Other Than Income	2,848	3,040
408.11	Property Taxes	8,508	7,628
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 99,053	\$ 100,400
	OPERATING INCOME/(LOSS)	\$	\$
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense	4,153	2,979
	TOTAL OTHER INCOME/(EXPENSE)	\$ 4,153	\$ 2,979
	NET INCOME/(LOSS)	\$ 4,658	\$ 607

COMPANY NAME Lagoon Estates Water Company

SUPPLEMENTAL FINANCIAL DATA
Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	12/31/94	12/5/95		
Source of Loan	Shemell Farms	Charles B. Shemell		
ACC Decision No.				
Reason for Loan	Improvements	Improvements		
Dollar Amount Issued	\$107,240	\$28,000	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity	n/a	n/a		
Interest Rate	8.00%	8.00%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ _____

Meter Deposits Refunded During the Test Year \$ _____

COMPANY NAME

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
SS-536722	40 turbine	1500	270'	16"	8"	
SS-618835	7.5	3.5	175'	12"	4"	
SS-618836	7.5	300	180'	8"	3"	
SS-618837	5	300	210'	8"	3"	

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
		15	5

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
		5000	4

COMPANY NAME Lagoon Estates (Dade) Company

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4	PVC	165000
5		
6	PVC	10160
8	ACP 342	PVC 1827
10	PVC (C900)	1833
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	310
3/4	
1	3
1 1/2	
2	2
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

COMPANY NAME: Hagera Estates (Water) Company

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2003

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY	257	1536874	4006700
FEBRUARY	259	1741498	2075200
MARCH	260	1512900	1576100
APRIL	261	2353620	2415300
MAY	263	1608336	1658800
JUNE	262	3018920	3391900
JULY	270	2959600	3015100
AUGUST	266	2787408	2840800
SEPTEMBER	267	2407788	12938300
OCTOBER	267	2174888	11813700
NOVEMBER	269	2133545	2392400
DECEMBER	271	1844141	1921600
TOTAL		N/A	50045900

12
CAT
ON

Is the Water Utility located in an ADWR Active Management Area (AMA)?

() ☒ Yes

() No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☒ Yes

() No

If yes, provide the GPCPD amount: _____

What is the level of arsenic for each well on your system. _____ mg/l

(If more than one well, please list each separately.)

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME _____ YEAR ENDING 12/31/2003

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2003 was: \$ 7628

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

COMPANY NAME

Lagan Estates (Wade) Co.

YEAR ENDING 12/31/2003

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported

<2803>

Estimated or Actual Federal Tax Liability

State Taxable Income Reported

<2803>

Estimated or Actual State Tax Liability

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances

Amount of Gross-Up Tax Collected

Total Grossed-Up Contributions/Advances

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.


SIGNATURE3-18-04
DATECharles B. Sherrill Jr.
PRINTED NAME
TITLE

VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY

RECEIVED

MAR 30 2004

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

COUNTY OF (COUNTY NAME) <u>Mohave</u>	
NAME (OWNER OR OFFICIAL) <u>Charles B Shemell</u>	TITLE <u>President</u>
COMPANY NAME <u>Hagen Estates Woods Co</u>	

ARIZONA CORPORATION COMMISSION
DIRECTOR OF UTILITIES

MONTH	DAY	YEAR
12	31	2003

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2003 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 96,142

(THE AMOUNT IN BOX AT LEFT
INCLUDES \$
IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.


SIGNATURE OF OWNER OR OFFICIAL

602 275 5402
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

25th

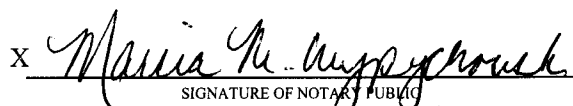
DAY OF

NOTARY PUBLIC NAME <u>MARCIA M. WYPYCHOWSKI</u>	
COUNTY NAME <u>MARICOPA</u>	
MONTH <u>MARCH</u>	<u>2004</u>

(SEAL)

MY COMMISSION EXPIRES



X 
SIGNATURE OF NOTARY PUBLIC
Mel Carson

RECEIVED

MAR 30 2004

VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only

ARIZONA CORPORATION COMMISSION
DIRECTOR OF UTILITIES

VERIFICATION

STATE OF _____

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Mohave
NAME (OWNER OR OFFICIAL) TITLE	Charles B Sherrill
COMPANY NAME	Lagoon Estates Water Co

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2003

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2003 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 96,142

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ _____
IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

Charles B Sherrill
SIGNATURE OF OWNER OR OFFICIAL
1002 275 5402
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

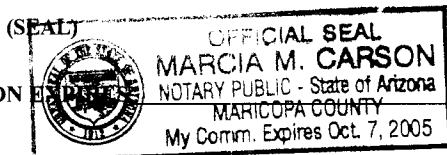
THIS

25th

DAY OF

COUNTY NAME	MARICOPA
MONTH	MARCH
	2004

MY COMMISSION



Marcia M. Carson
SIGNATURE OF NOTARY PUBLIC
see Carson

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER INORGANIC CHEMICAL ANALYSIS REPORT**

SAMPLES TO BE TAKEN AT P.O.E ONLY

>>>>PUBLIC WATER SYSTEM INFORMATION<<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[08046] System ID		LAGOON ESTATES WATER CO Ann System Name	
[01/29/03] Sample date	[15:48] (24 hr clock) Sample time	KAREN BRERETON Owner/Contact Person Name	
Owner/Contact Fax Number		602-275-5402 Owner/Contact Person Phone Number	
SAMPLE TYPE <input checked="" type="checkbox"/> Compliance Monitoring		FOR MCL EXCEEDANCE OR COMPOSITE TRIGGER [_____] Original Violating Specimen Number SAMPLE TYPE <input type="checkbox"/> CONFIRMATION <input type="checkbox"/> CONFIRMATION FOR COMPOSITE TRIGGER	
SAMPLE COLLECTION POINT/ID <input checked="" type="checkbox"/> Point of Entry# [001]			
SAMPLING SITE ID			

INORGANIC CHEMICAL ANALYSIS

>>> TO BE FILLED OUT BY THE LABORATORY PERSONNEL <<<

Analysis Method	MCL Value	Trigger Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Results*	Exceeds MCL	Exceeds Trigger
200.8	0.05		Arsenic	1005		02/06/03	0.014	—	—
200.8	2		Barium	1010		02/06/03	0.045	—	—
200.8	0.005		Cadmium	1015		02/06/03	<0.0005	—	—
200.8	0.1		Chromium	1020		02/06/03	<0.010	—	—
SM4500F-C	4.0		Fluoride	1025		02/07/03	0.22	—	—
245.2	0.002		Mercury	1035		02/05/03	<0.0002	—	—
300.0	10	5	Nitrate (as N)	1040				—	—
SM4500NO2B	1	0.5	Nitrite (as N)	1041	1/31/2003 11:29	1/31/2003 11:50	<0.01	—	—
200.8	0.05		Selenium	1045		02/06/03	<0.0030	—	—
200.8	0.006		Antimony	1074		02/06/03	<0.0030	—	—
200.8	0.004		Beryllium	1075		02/06/03	<0.0005	—	—
335.4	0.2		Cyanide (as free cyanide)	1024		02/10/03	<0.005	—	—
200.8	0.1		Nickel	1036		02/06/03	<0.010	—	—
200.8	0.002		Thallium	1085		02/06/03	<0.0010	—	—
300	NO MCL		Sulfate	1055				—	—
200.7	NO MCL		Sodium	1052		02/06/03	180	—	—

>>>>LABORATORY INFORMATION<<<<

To be filled out by laboratory personnel

SPECIMEN NUMBER [013103-18I]

ID Number [AZ 0/0/0/9] Name: [AQUA TECH ENVIRONMENTAL LABORATORIES, INC.]

Comments: [Nitrite analyzed by Aqua Tech Environmental Laboratories of Tucson, AZ.]

[All others analyzed by Aqua Tech Environmental Laboratories of Marion, OH]

Authorized Signature: [*R. Mostur*]

Date Public Water System Notified: [_____]

*All units must be reported in milligrams per liter (mg/l)

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER INORGANIC CHEMICAL ANALYSIS REPORT**

SAMPLES TO BE TAKEN AT P.O.E ONLY

>>>>PUBLIC WATER SYSTEM INFORMATION<<<<
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[08021]
System ID

LAGOON ESTATES WATER CO Ann
System Name

[01/29/03] [16:20] (24 hr clock)
Sample date Sample time

Karen Brereton
Owner/Contact Person Name

Owner/Contact Fax Number

928-768-9646
Owner/Contact Person Phone Number

SAMPLE TYPE

☒ Compliance Monitoring

SAMPLE COLLECTION POINT/ID

☒ Point of Entry# [001]

FOR MCL EXCEEDANCE OR COMPOSITE TRIGGER

[]
Original Violating Specimen Number

SAMPLE TYPE

☐ CONFIRMATION

☐ CONFIRMATION FOR COMPOSITE TRIGGER

SAMPLING SITE ID

*****INORGANIC CHEMICAL ANALYSIS*****

>>>> TO BE FILLED OUT BY THE LABORATORY PERSONNEL <<<<

Analysis Method	MCL Value	Trigger Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Results*	Exceeds MCL	Exceeds Trigger
200.8	0.05		Arsenic	1005		02/06/03	0.0032	---	---
200.8	2		Barium	1010		02/06/03	0.034	---	---
200.8	0.005		Cadmium	1015		02/06/03	<0.0005	---	---
200.8	0.1		Chromium	1020		02/06/03	<0.010	---	---
SM4500F-C	4.0		Fluoride	1025		02/07/03	0.28	---	---
245.2	0.002		Mercury	1035		02/05/03	<0.0002	---	---
300.0	10	5	Nitrate (as N)	1040				---	---
SM4300NO2B	1	0.5	Nitrite (as N)	1041	1/31/2003 11:20	1/31/2003 11:50	<0.01	---	---
200.8	0.05		Selenium	1045		02/06/03	<0.0030	---	---
200.8	0.006		Antimony	1074		02/06/03	<0.0030	---	---
200.8	0.004		Beryllium	1075		02/06/03	<0.0005	---	---
335.4	0.2		Cyanide (as free cyanide)	1024		02/10/03	<0.005	---	---
200.8	0.1		Nickel	1036		02/06/03	<0.010	---	---
200.8	0.002		Thallium	1085		02/06/03	<0.0010	---	---
300	NO MCL		Sulfate	1055				---	---
200.7	NO MCL		Sodium	1052		02/06/03	150	---	---

>>>>LABORATORY INFORMATION<<<<

To be filled out by laboratory personnel

SPECIMEN NUMBER

[013103-031]

ID Number [AZ 0/0/0/9] Name: [AQUA TECH ENVIRONMENTAL LABORATORIES, INC.

Comments: [Nitrite analyzed by Aqua Tech Environmental Laboratories of Tucson, AZ.

[All others analyzed by Aqua Tech Environmental Laboratories of Marion, OH

Authorized Signature: [*R Mosher*]

Date Public Water System Notified: []

*All units must be reported in milligrams per liter (mg/l)